Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

provides Lifeline service).	must provide a certification form for each state in which it
59009	BUDGET PREPAY, INC AL
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Phone
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs,	
attach additional sheets if necessary)	
eligibility documentation prior to enrolling a c knowledge, the company was presented with or program-based eligibility prior to his or her en	rtification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the second company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the second company is the second company of the	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her en	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the second se	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial
I certify that the company listed above has cereligibility documentation prior to enrolling a cknowledge, the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the company was presented with the	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with a program-based eligibility prior to his or her er I am authorized to make this certification for the specific SAC(s) for which you are made areas within the state. Attach additional sheet AND/OR I certify that the company listed above confirm	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
2630	0

С	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
				Ineligibility	
2630	263	2367	14	2381	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form 555	
November 2012	,

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ι	,	r

OK .	
	y Income support for any Lifeline customers prior to June y named above. I am authorized to make this certification for
(List the specific SAC(s) for which you are making to areas within the state. Attach additional sheets if ne	his certification if it is not applicable to all of your study ecessary).
Section 3: All ETCs (Initial the certification below)).
	nce with all federal Lifeline certification procedures. I am an ed to make this certification for the Study Area(s) listed
	Paid ETCs (the ETC does not assess or collect a monthly fee subscribers de-enrolled for non-usage by month in column N
M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Signed,	
Signature of Officer	Printed Name of Officer
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number
1 close Completing and Confidential Com	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

AR	
State	
	must provide a certification form for each state in which it
provides Lifeline service).	
409010 409019	BUDGET PREPAY, INC AR BUDGET PREPAY, INC AR
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc. Budget PrePay Inc.	Budget Phone Budget Mobile
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs,	
attach additional sheets if necessary)	
Section 1: All ETCs (Initial the certification to certifications may apply).	hat applies to your ETC. Depending on the state, both
	tification procedures in place to review income and program-based
	sustomer in the Lifeline program, and that, to the best of my
	locumentation of each consumer's household income and/or
I am authorized to make this certification for the	rollment in Lifeline. I am an officer of the company named above.
Tani audiorized to make this certification for the	ne study Area(s) fisted above. Initial dd
409010 409019	
(List the specific SAC(s) for which you are ma	king this certification if it is not applicable to all of your study
areas within the state. Attach additional sheet	
AND/OD	
AND/OR	
I certify that the company listed above confirm	as consumer eligibility by relying on
	ogram. (Please list the program eligibility data sources, such as
	of eligibility from the state Lifeline administrator and indicate for
	hese sources are used to verify consumer eligibility). I am an
	thorized to make this certification for the Study Area(s) listed
above. Initial	diorized to make this confineation for the study Area(s) fisted
doore. Initial	

areas within the state. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
59148	0

С	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
				Ineligibility	
40223	25199	15024	1101	16125	18925

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555
November	2012

(insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial	I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
the Study Area(s) listed above. Initial	(insert current year). I am an officer of the company named above. I am authorized to make this certification for
	the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	12361
July	1839
August	1226
September	1141
October	1567
November	1420
December	1321

David Donahue	David Donahue
Signature of Officer	Printed Name of Officer
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Arizona	
State	
(An Eligible Telecommunications Carrier (ETC provides Lifeline service).	') must provide a certification form for each state in which it
450915	Budget PrePay, Inc.
Study Area Code(s) (SAC)	ETC Name(s)
	Budget Mobile
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
altaliable dans and the second	remode procedures in place to review mediae and program-basec
eligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her e	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above
eligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her e I am authorized to make this certification for (List the specific SAC(s) for which you are me	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or anrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial
eligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her e I am authorized to make this certification for	documentation of each consumer's household income and/or income in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial
eligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her e I am authorized to make this certification for (List the specific SAC(s) for which you are me	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or an officer of the company named above the Study Area(s) listed above. Initial
eligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her e I am authorized to make this certification for (List the specific SAC(s) for which you are mareas within the state. Attach additional sheet AND/OR I certify that the company listed above confirmation of the sheet sheet above confirmation.	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or incollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
N/A	N/A

С	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A	N/A	N/A

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

450915

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

<u>Section 4</u>: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N Subscribers De-Enrolled for Non-Usage		
Month			
January	N/A		
February	N/A		
March	N/A		
April	N/A		
May	N/A		
June	N/A		
July	N/A		
August	N/A		
September	N/A		
October	N/A		
November	N/A		
December	N/A		

Signed,

Signature of Officer

CFO

Title of Officer ROBIN ENKEY

Person Completing this Certification Form

DAVID DONAHUE

Printed Name of Officer JANUARY 30, 2013

Date

318-671-5784

Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

provides Lifeline service).	must provide a certification form for each state in which it
19905	BUDGET PREPAY, INC FL
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Phone
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
eligibility documentation prior to enrolling a c knowledge, the company was presented with o program-based eligibility prior to his or her en	tification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above
eligibility documentation prior to enrolling a c knowledge, the company was presented with o	sustomer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above
eligibility documentation prior to enrolling a cknowledge, the company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for to 219905	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or irollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
1676	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
1676	1454	222	12	234	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

David Donahue	David Donahue	
Signature of Officer	Printed Name of Officer	
cfo	Jan-31-13	
Title of Officer	Date	
Lakisha Taylor	318-671-5737	
Person Completing this Certification Form	Contact Phone Number	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

A	
State	
(An Eligible Telecommunications Carrier (ET) provides Lifeline service).	C) must provide a certification form for each state in which it
29021	BUDGET PREPAY, INC GA
Study Area Code(s) (SAC)	ETC Name(s)
	BUDGET MOBILE
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
certifications may apply).	n that applies to your ETC. Depending on the state, both
certifications may apply). I certify that the company listed above has celigibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her I am authorized to make this certification for	pertification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above.
certifications may apply). I certify that the company listed above has celigibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her I am authorized to make this certification for 229021	pertification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above. In the Study Area(s) listed above. Initial dd
certifications may apply). I certify that the company listed above has celigibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her I am authorized to make this certification for 229021	rertification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above. In the Study Area(s) listed above. Initial dd
Certifications may apply). I certify that the company listed above has celigibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her I am authorized to make this certification for 229021 (List the specific SAC(s) for which you are referenced.)	rertification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above. In the Study Area(s) listed above. Initial dd

areas within the state. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
0	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555
November	2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

229021

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

David Donahue	David Donahue	
Signature of Officer	Printed Name of Officer	
cfo	Jan-31-13	
Title of Officer	Date	
LAKISHA TAYLOR	318-571-5736	
Person Completing this Certification Form	Contact Phone Number	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

provides Lifeline service). 59135	BUDGET PREPAY, INC IA
Study Area Code(s) (SAC)	ETC Name(s)
	BUDGET MOBILE
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
eligibility documentation prior to enrolling a c knowledge, the company was presented with c program-based eligibility prior to his or her en	tification procedures in place to review income and program-based ustomer in the Lifeline program, and that, to the best of my locumentation of each consumer's household income and/or rollment in Lifeline. I am an officer of the company named above
I certify that the company listed above has cer eligibility documentation prior to enrolling a cknowledge, the company was presented with company was presen	ustomer in the Lifeline program, and that, to the best of my locumentation of each consumer's household income and/or rollment in Lifeline. I am an officer of the company named above
I certify that the company listed above has cereligibility documentation prior to enrolling a cknowledge, the company was presented with cprogram-based eligibility prior to his or her end am authorized to make this certification for the second sec	ustomer in the Lifeline program, and that, to the best of my locumentation of each consumer's household income and/or rollment in Lifeline. I am an officer of the company named above he Study Area(s) listed above. Initial dd
I certify that the company listed above has cereligibility documentation prior to enrolling a cknowledge, the company was presented with cprogram-based eligibility prior to his or her end am authorized to make this certification for to 359135 (List the specific SAC(s) for which you are magnetic specific saccounts).	ustomer in the Lifeline program, and that, to the best of my locumentation of each consumer's household income and/or rollment in Lifeline. I am an officer of the company named above he Study Area(s) listed above. Initial dd

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
0	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Fo	rm	555
Noveml	ber	2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (*insert current year*). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

359135

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

David Donahue	David Donahue	
Signature of Officer	Printed Name of Officer	
cfo	Jan-31-13	
Title of Officer	Date	
LAKISHA TAYLOR	318-671-5736	
Person Completing this Certification Form	Contact Phone Number	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

provides Lifeline service). 229016	BUDGET PREPAY, INC IN
Study Area Code(s) (SAC)	ETC Name(s)
	BUDGET MOBILE
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
eligibility documentation prior to enrolling a c knowledge, the company was presented with o program-based eligibility prior to his or her en	tification procedures in place to review income and program-based sustomer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd
I certify that the company listed above has cereligibility documentation prior to enrolling a cknowledge, the company was presented with company was present	sustomer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above
I certify that the company listed above has cereligibility documentation prior to enrolling a cknowledge, the company was presented with cprogram-based eligibility prior to his or her end I am authorized to make this certification for the second s	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or arollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd
I certify that the company listed above has cereligibility documentation prior to enrolling a cknowledge, the company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for the specific SAC(s) for which you are made to the specific SAC	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or arollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
0	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555
November	2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (*insert current year*). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

329016

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	

David Donahue	David Donahue		
Signature of Officer	Printed Name of Officer		
cfo	Jan-31-13		
Title of Officer	Date		
LAKISHA TAYLOR	318-671-5736		
Person Completing this Certification Form	Contact Phone Number		

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

KANSAS	
State	
	C) must provide a certification form for each state in which it
provides Lifeline service). 419029	Budget PrePay, Inc.
Study Area Code(s) (SAC)	ETC Name(s)
	Budget Mobile
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
Section 1: All FTCe (Initial the contification	n that applies to your ETC. Depending on the state, both
certifications may apply).	
certifications may apply). I certify that the company listed above has celigibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her	ertification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my a documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the empany named above the Study Area(s) listed above. Initial
certifications may apply). I certify that the company listed above has celigibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her I am authorized to make this certification for	ertification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my a documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial
I certifications may apply). I certify that the company listed above has celigibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her I am authorized to make this certification for (List the specific SAC(s) for which you are not to the specific SAC(s) for the specific SAC	ertification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my a documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
N/A	N/A

С	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A	N/A	N/A

I	J	К	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named-above. I am authorized to make this certification for the Study Area(s) listed above. Initial

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N		
Month	Subscribers De-Enrolled for Non-Usage		
January	N/A		
February	N/A		
March	N/A		
April	N/A		
May	N/A		
June	N/A		
July	N/A		
August	N/A		
September	N/A		
October	N/A		
November	N/A		
December	N/A		

S	i	gned.
v		Suca

Signature of Officer

CFO

Title of Officer ROBIN ENKEY

Person Completing this Certification Form

DAVID DONAHUE

Printed Name of Officer JANUARY 30, 2013

Date

318-671-5784

Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

KY		
State		
(An Eligible Telecommunications Carrier (ETC)	must provide a certificat	tion form for each state in which it
provides Lifeline service).		
269020 269033	BUDGET PREPAY, INC KY	BUDGET PREPAY, INC KY
Study Area Code(s) (SAC)	ETC Name(s)	
Budget PrePay Inc. Budget PrePay Inc.	Budget Phone	Budget Mobile
Holding Company Name(s)	DBA, Marketing	g or Other Branding Name(s)
Affiliated ETCs (include names and SACs,		
attach additional sheets if necessary)		
Section 1: All ETCs (Initial the certification t	hat applies to vour ETC.	Depending on the state, both
certifications may apply).	y	1
J 11 J/		
I certify that the company listed above has cer	tification procedures in p	place to review income and program-based
eligibility documentation prior to enrolling a c		
knowledge, the company was presented with o		
program-based eligibility prior to his or her en		
I am authorized to make this certification for t		
Turn dumorized to make this contineation for t	ne Study Theu(B) listed u	accove. Illitial
269020 269033		
200020		
(List the specific SAC(s) for which you are ma	king this cartification if	it is not applicable to all of your study
		ii is noi applicable to all of your study
areas within the state. Attach additional sheet	s ij necessary).	
AND/OR		
AND/OR		
I certify that the company listed above confirm	a aangumar aligihility h	y relying on
prior to enrolling a customer in the Lifeline pr		
ETC access to a state database and/or notice of		
which qualifying programs (e.g., SNAP, SSI) t		
officer of the company named above. I am au	thorized to make this cer	tification for the Study Area(s) listed
above. Initial		

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
54298	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
39832	26616	13216	712	13928	14466

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	1503
July	1703
August	1639
September	1584
October	1035
November	1011
December	986

David Donahue	David Donahue
Signature of Officer	Printed Name of Officer
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

A State			
	unications Carrier (ETC)	must provide a certificati	ion form for each state in which it
provides Lifeline servic		must provide a conficult	on formifor each state in which it
79021 2790		BUDGET PREPAY, INC LA	BUDGET PREPAY, INC LA
Study Area Code(s) (SA	AC)	ETC Name(s)	
	et PrePay Inc.	Budget Phone	Budget Mobile
Holding Company Nan	me(s)	DBA, Marketing	or Other Branding Name(s)
Affiliated ETCs (includational sheet			
	s (Initial the certification	tnat applies to your EIC.	Depending on the state, both
I certify that the coneligibility document knowledge, the comprogram-based eligi	apply). Inpany listed above has certation prior to enrolling a capany was presented with bility prior to his or her en	rtification procedures in pl customer in the Lifeline pr documentation of each cor	lace to review income and program-based rogram, and that, to the best of my nsumer's household income and/or n an officer of the company named above.
I certify that the coneligibility document knowledge, the comprogram-based eligi	apply). Inpany listed above has certation prior to enrolling a capany was presented with bility prior to his or her en	rtification procedures in pl customer in the Lifeline pr documentation of each con nrollment in Lifeline. I an	lace to review income and program-based rogram, and that, to the best of my nsumer's household income and/or n an officer of the company named above.
I certify that the coneligibility document knowledge, the comprogram-based eliginal am authorized to many control of the specific SA (List the specific SA)	apply). Inpany listed above has certation prior to enrolling a company was presented with a bility prior to his or her enake this certification for a 279038	rtification procedures in pleustomer in the Lifeline prodocumentation of each controllment in Lifeline. I and the Study Area(s) listed about the study Area(s) listed about the study this certification if it	lace to review income and program-based rogram, and that, to the best of my nsumer's household income and/or n an officer of the company named above.
I certify that the coneligibility document knowledge, the comprogram-based eliginal am authorized to many control of the specific SA (List the specific SA)	apply). Inpany listed above has certation prior to enrolling a company was presented with a bility prior to his or her enake this certification for a 279038 C(s) for which you are made	rtification procedures in pleustomer in the Lifeline prodocumentation of each controllment in Lifeline. I and the Study Area(s) listed about the study Area(s) listed about the study this certification if it	lace to review income and program-based rogram, and that, to the best of my nsumer's household income and/or n an officer of the company named above. pove. Initial dd

areas within the state. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
263635	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
149904	89202	60702	49	60751	113731

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	36063
July	12286
August	8150
September	10648
October	9320
November	8644
December	8425

David Donahue	David Donahue
Signature of Officer	Printed Name of Officer
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

MD	
State	
(An Eligible Telecommunications Carrier (ETC) must	provide a certification form for each state in which it
provides Lifeline service).	
189022	BUDGET PREPAY, INC MD
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Mobile
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Troiding Company Traine(b)	BBT, Warnering of Outer Branding Plante(b)
Affiliated ETCs (include names and SACs,	
attach additional sheets if necessary)	
, , , , , , , , , , , , , , , , , , ,	
eligibility documentation prior to enrolling a custor knowledge, the company was presented with documentation prior to enrolling a custor knowledge, the company was presented with documentation prior to enrolling a custor knowledge.	tion procedures in place to review income and program-based mer in the Lifeline program, and that, to the best of my nentation of each consumer's household income and/or nent in Lifeline. I am an officer of the company named above. udy Area(s) listed above. Initial dd
133322	
(List the specific SAC(s) for which you are making areas within the state. Attach additional sheets if n	this certification if it is not applicable to all of your study ecessary).
AND/OR	
ETC access to a state database and/or notice of eligwhich qualifying programs (e.g., SNAP, SSI) these	nsumer eligibility by relying on Maryland Tel-Life m. (Please list the program eligibility data sources, such as gibility from the state Lifeline administrator and indicate for sources are used to verify consumer eligibility). I am an zed to make this certification for the Study Area(s) listed

189022

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
58918	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
5227	4672	555	29	584	16571

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
36258	4005	211	862

FCC Form	555
November	2012

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	2340
July	2420
August	1640
September	2122
October	2102
November	2294
December	2622

David Donahue	David Donahue
Signature of Officer	Printed Name of Officer
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

An Fligible Telecommunications Carrier (FT)		
an angioto refecommunications currief (Br)	C) must provide a certification form for each state in which it	
provides Lifeline service).		
19034	Budget PrePay, INC.	
Study Area Code(s) (SAC)	ETC Name(s)	
	Budget Mobile	
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)	
Affiliated ETCs (include names and SACs,		
nttach additional sheets if necessary)		
knowledge, the company was presented with	a customer in the Lifeline program, and that, to the best of my a documentation of each consumer's household-income and/or enrollment in Lifeline. I am an officer of the empany named above. In the Study Area(s) listed above. Initial	
	naking this certification if it is not applicable to all of your study	
(List the specific SAC(s) for which you are n areas within the state. Attach additional she		

areas within the state. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
0	0

С	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Incligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

OR

I certify that my company did not claim federal Low Income suppo	ort for any Lifeline customers prior to June 2012
(insert current year). I am an officer of the company named above	e. I am authorized to make this certification for
the Study Area(s) listed above. Initial	

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

<u>Section 4</u>: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N Subscribers De-Enrolled for Non-Usage	
Month		
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	16	
October	37	
November	117	
December	59	

Signed,	David Donahue	
Signature of Officer	Printed Name of Officer	
CFO		
Title of Officer	Date	
Lakisha Taylor	318-671-5736	
Person Completing this Certification Form	Contact Phone Number	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

	must provide a certification form for each state in which it
provides Lifeline service).	
289017	BUDGET PREPAY, INC MS
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Phone
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs,	
attach additional sheets if necessary)	
eligibility documentation prior to enrolling a knowledge, the company was presented with	rtification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above.
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her end I am authorized to make this certification for	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above.
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her en	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above.
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her end I am authorized to make this certification for a 289017	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd
I certify that the company listed above has certification prior to enrolling a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a program-based eligibility prior to his or her end I am authorized to make this certification for a company was presented with a company was pre	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd
I certify that the company listed above has certification prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her end and authorized to make this certification for the specific SAC(s) for which you are made areas within the state. Attach additional sheet	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
6877	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
6877	5349	1528	80	1608	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N		
Month	Subscribers De-Enrolled for Non-Usage		
January	0		
February	0		
March	0		
April	0		
May	0		
June	0		
July	0		
August	0		
September	0		
October	0		
November	0		
December	0		

David Donahue	David Donahue		
Signature of Officer	Printed Name of Officer		
cfo	Jan-31-13		
Title of Officer	Date		
Lakisha Taylor	318-671-5737		
Person Completing this Certification Form	Contact Phone Number		

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

NC State	
(An Eligible Telecommunications Carrier (ETC)	must provide a certification form for each state in which it
provides Lifeline service).	
239015	BUDGET PREPAY, INC NC
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Phone
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs,	
attach additional sheets if necessary)	
eligibility documentation prior to enrolling a knowledge, the company was presented with	rtification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her end I am authorized to make this certification for	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above.
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her en	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above.
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her end I am authorized to make this certification for 239015	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above. the Study Area(s) listed above. Initial dd
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her end and authorized to make this certification for 239015 (List the specific SAC(s) for which you are made)	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above. the Study Area(s) listed above. Initial dd
I certify that the company listed above has cereligibility documentation prior to enrolling a knowledge, the company was presented with program-based eligibility prior to his or her er I am authorized to make this certification for 239015 (List the specific SAC(s) for which you are made areas within the state. Attach additional sheet AND/OR I certify that the company listed above confirm	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above. the Study Area(s) listed above. Initial dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
1853	0

С	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
				Ineligibility	
1853	1663	190	10	200	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

David Donahue	David Donahue	
Signature of Officer	Printed Name of Officer	
cfo	Jan-31-13	
Title of Officer	Date	
Lakisha Taylor	318-671-5737	
Person Completing this Certification Form	Contact Phone Number	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

NV	
State	
(An Eligible Telecommunications Carrier (ETC) n provides Lifeline service).	nust provide a certification form for each state in which it
559011	BUDGET PREPAY, INC NV
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Mobile
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
Section 1: All ETCs (Initial the certification th	at applies to your ETC. Depending on the state, both

<u>Section 1</u>: *All ETCs* (*Initial the certification that applies to your ETC. Depending on the state, both certifications may apply*).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial dd

559011

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Nevada DSHS Lifeline Database prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial dd

559011

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
29316	0

C	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
17536	12172	5364	268	5632	11780

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	1068
July	1047
August	698
September	908
October	1238
November	978
December	1042

David Donahue	David Donahue
Signature of Officer	Printed Name of Officer
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

OK	<u> </u>
State	
	nust provide a certification form for each state in which it
provides Lifeline service).	
439016	BUDGET PREPAY, INC OK
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Phone
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (in alude a games and SACs	
Affiliated ETCs (include names and SACs,	
attach additional sheets if necessary)	
<u>Section 1</u> : <i>All ETCs</i> (<i>Initial the certification the certifications may apply</i>).	at applies to your ETC. Depending on the state, both
I certify that the company listed above has certif	fication procedures in place to review income and program-based
	stomer in the Lifeline program, and that, to the best of my
	ocumentation of each consumer's household income and/or
	ollment in Lifeline. I am an officer of the company named above.
I am authorized to make this certification for the	e Study Area(s) listed above. Initial dd
439016	
	ing this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets	tf necessary).
AND/OR	
I certify that the company listed above confirms	consumer eligibility by relying on
prior to enrolling a customer in the Lifeline prog	gram. (Please list the program eligibility data sources, such as
ETC access to a state database and/or notice of	feligibility from the state Lifeline administrator and indicate for
	ese sources are used to verify consumer eligibility). I am an
officer of the company named above. I am auth	orized to make this certification for the Study Area(s) listed
above. Initial	• ,
L	

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
5039	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
5039	4046	993	52	1045	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	

David Donahue	David Donahue
Signature of Officer	Printed Name of Officer
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

PENNSYLVANIA	
State (An Elicible Telegrammunications Comming (ETC))	would a contification form for each state in which it
provides Lifeline service).	must provide a certification form for each state in which it
179015	BUDGET PREPAY, INC.
Study Area Code(s) (SAC)	ETC Name(s)
	BUDGET MOBILE
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
certifications may apply). I certify that the company listed above has cert eligibility documentation prior to enrolling a cknowledge, the company was presented with d	ification procedures in place to review income and program-based ustomer in the Lifeline program, and that, to the best of my ocumentation of each consumer's household income and/or rollment in Lifeline. I am an officer of the company named above. ne Study Area(s) listed above. Initial
(List the specific SAC(s) for which you are mai areas within the state. Attach additional sheet	king this certification if it is not applicable to all of your study s if necessary).
AND/OR	
prior to enrolling a customer in the Lifeline pro ETC access to a state database and/or notice of which qualifying programs (e.g., SNAP, SSI) the	ogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for nese sources are used to verify consumer eligibility). I am an horized to make this certification for the Study Area(s) listed
(List the specific SAC(s) for which you are mal areas within the state. Attach additional sheet.	king this certification if it is not applicable to all of your study s if necessary).

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
N/A	N/A

С	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A	N/A	N/A

1	J	К	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A

OR

I certify that my company did	not claim federal Low	Income support	for any Lifeline	customers prior	r to June 2012
(insert current year). I am an e	officer of the company	named above.	I am authorized	to make this ce	tification for
the Study Area(s) listed above.	Initial 4				

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

<u>Section 4</u>: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N		
Month	Subscribers De-Enrolled for Non-Usage		
January	N/A		
February	N/A		
March	N/A		
April	N/A		
May	N/A		
June	N/A		
July	N/A		
August	N/A		
September	201		
October	360		
November	480		
December	187		

Signed	DAVID DONAHUE	
Signature of Officer	Printed Name of Officer	,
CFO		
Title of Officer	Date	
ROBIN ENKEY	318-671-5784	
Person Completing this Certification Form	Contact Phone Number	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

RI	
State (An Eligible Telecommunications Carrier (ETC) provides Lifeline service).) must provide a certification form for each state in which it
589009	BUDGET PREPAY, INC RI
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Mobile
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
eligibility documentation prior to enrolling a knowledge, the company was presented with	rtification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above. the Study Area(s) listed above. Initial dd
589009	
(List the specific SAC(s) for which you are made areas within the state. Attach additional sheet	aking this certification if it is not applicable to all of your study ets if necessary).
AND/OR	
ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI)	ms consumer eligibility by relying on rogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an uthorized to make this certification for the Study Area(s) listed

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
15004	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
9707	6020	3687	184	3871	5297

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555
November	2012

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	305
July	402
August	268
September	358
October	298
November	241
December	238

David Donahue	David Donahue
Signature of Officer	Printed Name of Officer
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

provides Lifeline service).	must provide a certification form for each state in which it
249009	BUDGET PREPAY, INC SC
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Phone
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
eligibility documentation prior to enrolling a c knowledge, the company was presented with o program-based eligibility prior to his or her en	tification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above.
eligibility documentation prior to enrolling a c knowledge, the company was presented with o	sustomer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above.
eligibility documentation prior to enrolling a c knowledge, the company was presented with of program-based eligibility prior to his or her en I am authorized to make this certification for to 249009	customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or irollment in Lifeline. I am an officer of the company named above the Study Area(s) listed above. Initial dd

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
1775	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
1775	1584	191	10	201	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

David Donahue	David Donahue
Signature of Officer Printed Name of Officer	
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

TN	
State (An Eligible Telecommunications Carrier (ETC) provides Lifeline service).) must provide a certification form for each state in which it
299007	BUDGET PREPAY, INC TN
Study Area Code(s) (SAC)	ETC Name(s)
Budget PrePay Inc.	Budget Phone
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
eligibility documentation prior to enrolling a c knowledge, the company was presented with	rtification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above. the Study Area(s) listed above. Initial dd
299007	
(List the specific SAC(s) for which you are mo areas within the state. Attach additional shee	aking this certification if it is not applicable to all of your study ets if necessary).
AND/OR	
ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI)	ms consumer eligibility by relying on rogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an athorized to make this certification for the Study Area(s) listed

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
4110	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
4110	3360	750	39	789	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form	555	5
November	201	2

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

David Donahue	David Donahue
Signature of Officer Printed Name of Officer	
cfo	Jan-31-13
Title of Officer	Date
Lakisha Taylor	318-671-5737
Person Completing this Certification Form	Contact Phone Number

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st(Annually)

TX State	
	must provide a certification form for each state in which it
provides Lifeline service).	The state of the s
449070	BUDGET PREPAY, INC TX
Study Area Code(s) (SAC)	ETC Name(s)
	BUDGET MOBILE
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs,	
attach additional sheets if necessary)	
	documentation of each consumer's household income and/or nrollment in Lifeline. I am an officer of the company named above. the Study Area(s) listed above. Initial dd
(List the specific SAC(s) for which you are ma areas within the state. Attach additional sheet	tking this certification if it is not applicable to all of your study ts if necessary).
AND/OR	
ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI) t	rogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an athorized to make this certification for the Study Area(s) listed

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
0	0

С	D	E=C-D	F	G = (E+F)	Н
Number of	Number of	Number of Non-	Number of	Number of	Number of
Subscribers ETC	Subscribers	Responding	Subscribers	Subscribers De-	Subscribers Who
Contacted Directly	Responding to	Subscribers	Responding That	Enrolled or	De-Enrolled Prior
to Recertify	ETC Contact		They Are No	Scheduled to be	to Recertification
Eligibility Through			Longer Eligible	De-Enrolled as a	Attempt
Attestation				Result of Non-	
				Response or	
				Ineligibility	
0	0	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form 55	5
November 20	12

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (*insert current year*). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

449070

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** dd

<u>Section 4</u>: *Non-Usage Applicable to Certain Pre-Paid ETCs* (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

David Donahue	David Donahue		
Signature of Officer	Printed Name of Officer		
cfo	Jan-31-13		
Title of Officer	Date		
LAKISHA TAYLOR	318-671-5736		
Person Completing this Certification Form	Contact Phone Number		

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

State	
	C) must provide a certification form for each state in which it
rovides Lifeline service).	BUDGET PREPAY, INC.
29016	
study Area Code(s) (SAC)	ETC Name(s)
	BUDGET MOBILE
Iolding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
Section 1: All ETCs (Initial the certification certifications may apply).	n that applies to your ETC. Depending on the state, both
I certify that the company listed above has eligibility documentation prior to enrolling knowledge, the company was presented with	certification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above
I certifications may apply). I certify that the company listed above has eligibility documentation prior to enrolling knowledge, the company was presented wit program-based eligibility prior to his or her I am authorized to make this certification for	certification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above or the Study Area(s) listed above. Initial
I certifications may apply). I certify that the company listed above has eligibility documentation prior to enrolling knowledge, the company was presented wit program-based eligibility prior to his or her I am authorized to make this certification for (List the specific SAC(s) for which you are to	certification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above or the Study Area(s) listed above. Initial

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
N/A	N/A

C	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A	N/A	N/A

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Incligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
N/A	N/A	N/A	N/A

OR

I certify that my company did not claim federal Low Income support	for any Lifeline customers prior to June 2012
(insert current year). I am an officer of the company named above. I	I am authorized to make this certification for
the Study Area(s) listed above. Initial	

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

<u>Section 4</u>: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	N/A
February	N/A
March	N/A
April	N/A
May	N/A
June	N/A
July	N/A
August	N/A
September	N/A
October	0
November	0
December	0

Signed,	DAVID DONAHUE	
Signature of Officer	Printed Name of Officer	
CFO		
Title of Officer	Date	
ROBIN ENKEY	318-671-5784	
Person Completing this Certification Form	Contact Phone Number	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Wisconsin	
	must provide a certification form for each state in which it
provides Lifeline service). 339034	Budget PrePay, INC.
Study Area Code(s) (SAC)	ETC Name(s)
	Budget Mobile
Holding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
Certifications may apply). I certify that the company listed above has cereligibility documentation prior to enrolling a cknowledge, the company was presented with company was presented with company.	that applies to your ETC. Depending on the state, both rtification procedures in place to review income and program-based customer in the Lifeline program, and that, to the best of my documentation of each consumer's household income and/or prollment in Lifeline. I am an officer of the company named above. The Study Area(s) listed above. Initial
(List the specific SAC(s) for which you are ma areas within the state. Attach additional shee	aking this certification if it is not applicable to all of your study ts if necessary).
AND/OR	
prior to enrolling a customer in the Lifeline pr ETC access to a state database and/or notice which qualifying programs (e.g., SNAP, SSI) t	ms consumer eligibility by relying on WI State CARES database rogram. (Please list the program eligibility data sources, such as of eligibility from the state Lifeline administrator and indicate for these sources are used to verify consumer eligibility). I am an athorized to make this certification for the Study Area(s) listed
(List the specific SAC(s) for which you are ma areas within the state. Attach additional shee	sking this certification if it is not applicable to all of your study ts if necessary).

<u>Section 2</u>: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

A	В
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
0	0

C	D	E=C-D	F	G = (E+F)	Н
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non- Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non- Response or Incligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Incligible	Number of Customers De- enrolled or Scheduled to be De- Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
1	1		

OR

I certify that my company did not claim federal Low Income support for	or any Lifeline customers prior to June 2012
(insert current year). I am an officer of the company named above. I a	am authorized to make this certification for
the Study Area(s) listed above. Initial	

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N		
Month	Subscribers De-Enrolled for Non-Usage		
January	0		
February	0		
March	0		
April	0		
May	0		
June	0		
July	0		
August	23		
September	216		
October	385		
November	465		
December	530		

Signed, Signature of Officer **CFO** Title of Officer

Lakisha Taylor

Person Completing this Certification Form

David Donahue

Printed Name of Officer January 30, 2013

Date

318-671-5736

Contact Phone Number